

# Monthly Transportation Aid Claim Form

Please complete this report for each child you transport. The Principal of the school the student is attending must verify the accuracy of the information and sign this form prior to submission to the County Superintendent of School's Office. All claims must be received by our office prior to June 30<sup>th</sup> of the current school year in order to be eligible for payment.

Month of Claim: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

School Attending: \_\_\_\_\_

Address: \_\_\_\_\_

[illegible]

Total Days Attended \_\_\_\_\_ Total Mileage \_\_\_\_\_

I affirm the above is a true claim for transportation aid for my child and he/she was actually transported for the dates specified above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

I affirm the above dates of attendance are in accordance with the records of the attendance for our school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal)